

Kansas Department of Agriculture
Meat and Poultry Inspection Program – Records Center
109 SW 9th St., Topeka, KS 66612
785-296-5192

APPLICATION FOR REGISTRATION

Wholesaler or Public Warehouseman
NO REGISTRATION FEE REQUIRED

Please check the box or boxes that apply to your operation:

Federal ☐Wholesaler ☐Public Warehouseman ☐

Firm Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ County: _____ Tax ID #: _____

Business Type: Individual ☐ Partnership ☐ Corporation ☐ Incorporated in State of: _____

Name of Business Owner or Owners: _____

List all persons, individuals, partners, officers, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the Department of Agriculture within 30 days of any changes in the listing given. Attach additional sheet if necessary.

Name	Title	Address	Holder of more than 10% of voting stock (Yes or No)

Name of each person listed above who has been convicted in any Federal or State court of (1) any felony based upon acquiring, handling, or distributing of unwholesome, mislabeled or deceptively packaged food or based upon fraud in connection with transactions in food or of (2) more than one violation of any law, other than a felony, based upon acquiring, handling or distributing of unwholesome, mislabeled or deceptively packaged food or based upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. Please attach an additional sheet if necessary.

AGREEMENT AND CERTIFICATION: If inspection and registration is granted under this application, I (we) expressly agree to conform strictly to the Kansas Meat and Poultry Inspection Act (K.S.A. 65-6a18 et seq. as amended) and the requirements of the regulations promulgated by the Secretary governing the Inspection of Meat and Meat Food Products or the inspection of Poultry and Poultry products, or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

Signature of Owner, Partner, or Authorized Officer

Printed Name of Person Signing Application

Title

This institution is an equal opportunity provider

FOR OFFICE USE ONLY

Fee

Code
MLP

Transaction Number

Receipt Date

Check No.